Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds Mental Health Trust Fund

1st Quarter Report for the 2008-09 Fiscal Year

For the County/City of_____

DEPOSITS	July	August	September	Total
1. Sales Tax				
a. Allocation				
b. Less: State Hospital Offset				
c. Less: State Hospital Adjustment				
d. Total Sales Tax Revenue				
2. County/City Matching Funds				
a. Mental Health Match				
b. Vehicle License Collection Allocation				
c. Vehicle License Fees Annual Base				
d. Total Matching Funds				
3. Other (identify)				
4. Total Funds Deposited				
DISBURSEMENTS				
5. Transfers to Operating Funds				
6. Other (identify)				
7. Total Funds Disbursed TRANSFERS				
8. Transfers in (out) to Other Trust Funds				
Questions concerning the preparation of this Telephone No. ()		I to		
Certification:				
As Mental Health Director for the County/City accurate, and complete.	of	, I ceri	tify that the amounts stated or	n this report are true,
Mental Health Director ()		one No.	Date	
As Auditor-Controller for the County/City of _		, I co	oncur with the Mental Health [Director that the amounts
stated on this report are true, accurate, and c				
	_ ()			
Auditor-Controller	Telepho	ne No.	Date	_

MENTAL HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2008-09 First Quarter Report.

- Reports must be returned by **December 10, 2008**, to the State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Mental Health and the County/City Auditor-Controller.
- ♦ Report 2008-09 first quarter deposits made July through September 2008.
- Refer to the remittance advice received with your payments.
- Do not enter amounts in gray areas.

Deposits

1	Sal	عما	tay

a. Allocation In column titled "September," enter the total amount allocated W & I Code Sec. 17601 September 26, 2008.

b. Less: State Hospital Offset W & I Code Sec. 17601

In column titled "September," enter the State Hospital Service contract offsets made in September 2008.

Note: Counties making direct payments should enter -0- and refer to line 6.

c. Less: State Hospital Adjustment

In column titled "September," enter the State Hospital Adjustment amount made in September 2008.

d. Total Sales Tax Revenue Enter the total of lines 1a, 1b, and 1c.

2. County/City Matching Funds

a. Mental Health Match W & I Code Sec. 17608.05 Enter the amount of local matching funds deposited from July through September 2008 in accordance with the schedule developed by the State Department of Mental Health.

b. Vehicle License Collection Allocation

In the column titled "September," enter the amount deposited September 26, 2008.

c. Vehicle License Fees Annual Base In the columns titled "August and September," enter the amount deposited in August and September 2008.

d. Total Matching Funds

Enter the total of lines 2a, 2b and 2c.

3. Other (identify)

Enter and identify all miscellaneous deposits.

4. Total Funds Deposited

Enter the total of lines 1d, 2d, and 3.

Disbursements

5. Transfers to Operating Funds

Enter the total amounts transferred to other funds for spending purposes.

6. Other (identify)

Enter and identify any other disbursements made during the first quarter.

7. Total Funds Disbursed

Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other Trust Funds

W & I Code Sec. 17600.20

Enter the transfers In (Out) between trust fund accounts.

Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds Health Trust Fund

1st Quarter Report for the 2008-09 Fiscal Year

For the County/City of_____

Deposits	July	August	September	Total
1. Sales Tax				
a. Allocation				
b. Less: CMSP Offset				
c. Total Sales Tax Revenue				
2. County/City Matching Funds				
a. Health Match				
b. Vehicle License Fee				
i. Allocation				
ii. Less: CMSP Offset				
c. Total Matching Funds				
3. Other (identify)				
Total Funds Deposited				
DISBURSEMENTS				
5. Transfers to Operating Funds				
6. CMSP Payments				
7. Other (identify)				
8. Total Funds Disbursed				
TRANSFERS				
9. Transfers in (out) to				
Other Trust Funds				
Questions concerning the preparation of th	is report should be directed to			
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Telephone No. ()				
Certification:		Loortife	, that the amounts stated on t	hia rapart ara trua
As Health Director for the County/City of _ accurate, and complete.		, i ceruiy	that the amounts stated on t	riis report are true,
accurate, and complete.				
	()			
Health Director	Telephone	No.	Date	
As Auditor-Controller for the County/City of	Auditor-Controller for the County/City of, I concur with the Health Director that the amounts			hat the amounts
stated on this report are true, accurate, and	d complete.			
	()			
Auditor-Controller	() Telephone		Date	
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HEALTH TRUST FUND INSTRUCTIONS

Instructions for the 2008-09 First Quarter Report

- Reports must be returned by **December 10, 2008**, to State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Health and the County/City Auditor-Controller.
- Report 2008-09 first quarter deposits made July through September 2008.
- Refer to the remittance advice received with your payments.
- Do not enter amounts in gray areas.

Deposits

1. Sales Tax

a. Allocation In columns titled "September" enter the total amount allocated September 26, W & I Code Sec. 17603 2008.

b. Less: CMSP Offset Enter the amounts of the County Medical Services Program (CMSP) offsets

from September 2008. Note: Counties making direct payments should enter -

0- and refer to line 6.

c. Total Sales Tax Revenue Enter the total of line 1a and 1b.

2. County/City Matching Funds

a. Health Match In columns titled "July, August, and September" enter the gross amount of W & I Code Sec. 17608.10(a) local matching funds deposited from July through September 2008, based on

the schedule shown in W & I Code Section 17608.10.

b. Vehicle License Fee

W & I Code Sec. 17608.10(b)

i. Allocation Enter the amount of county/city matching funds deposited as Vehicle License

Fees in the columns titled "August, and September," enter the total amount

Enter the amount of the County Medical Services Program offset from August

allocated on August 27, and September 26, 2008, respectively.

ii. Less: CMSP Offset

W & I Code Sec.17604.05 through September 2008. Note: Counties making direct payments should

enter -0- and refer to line 6.

c. Total Matching Funds Enter the total of line 2a, 2b(i), less 2b(ii).

3. Other (identify) Enter and identify all miscellaneous deposits.

4. Total Funds Deposited Enter the total of lines 1c, 2c, and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

6. CMSP Payments Enter the amounts from counties/cities making direct CMSP payments to the

Department of Health Services.

7. Other (identify) Enter and identify any other disbursements made during the first quarter.

8. Total Funds Disbursed Enter the total of lines 5, 6, and 7.

Transfers

Transfers In (Out) to Other Trust Funds, Enter the transfers In (Out) between trust fund accounts.
 W & I Code Sec. 17600.

Office of the State Controller of California Division of Accounting and Reporting Report of Local Health and Welfare Trust Funds

Social Services Trust Fund

1st Quarter Report for the 2008-09 Fiscal Year

For the County of	

DEPOSITS	July	August	September	TOTAL	
1. Sales Tax	Cary	ragaot	Coptomisor	1017/12	
a. Allocation					
2. Vehicle License Fees					
a. Vehicle License Fees Annual Base					
3. Other (identify)					
Total Funds Deposited					
DISBURSEMENTS					
5. Transfers to Operating Funds					
6. Other (identify)					
7. Total Funds Disbursed					
TRANSFERS					
8. Transfers In (Out) to					
Other Trust Funds					
Questions concerning the preparation of th	is report should be directe	d to			
Telephone No. ()					
Certification:					
As Social Services Director for the County	of	, I cer	tify that the amounts stated on	this report are true,	
accurate, and complete.			•	•	
	()				
Social Services Director Telephone No.		No.	Date		
As Auditor-Controller for the County of		, I concur with	the Social Services Director th	at the amounts stated	
on this report are true, accurate, and comp	lete.				
	()				
Auditor-Controller	Telephone	No.	Date		

SOCIAL SERVICES TRUST FUND INSTRUCTIONS

Instructions for the 2008-09 First Quarter Report.

- ♦ Reports must be returned by **December 10, 2008**, to the State Controller's Office, Division of Accounting and Reporting, County Cost Plans and Local Apportionments Section, P.O. Box 942850, Sacramento, CA 94250.
- Reports are to be signed by the Director of Social Services and the County Auditor-Controller.
- Report 2008-09 first quarter deposits made July through September 2008.
- Refer to the remittance advice received with your payments.
- ♦ Do not enter amounts in gray areas.

Deposits

1. Sales Tax

a. Allocation In column titled "September," enter the total amount allocated

September 26, 2008.

2. Vehicle License Fees

a. Vehicle License Fees In the columns titled "August and September" enter the amount deposited Annual Base

on August 27, and September 26, 2008 respectively.

3. Other (identify) Enter and identify all miscellaneous deposits.

4. Total Funds Deposited Enter the total of lines 1a, 2a and 3.

Disbursements

5. Transfers to Operating Funds Enter the total amounts transferred to other funds for spending purposes.

6. Other (identify) Enter and identify any other disbursements made during the first quarter.

7. Total Funds Disbursed Enter the total of lines 5 and 6.

Transfers

8. Transfers In (Out) to Other

Trust Funds

W & I Code Sec. 17600.20

Enter the Transfers In (Out) between trust fund accounts.